

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09940063

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1				1		
10 2				1		
3				1		
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TOTAL IND.		↓	22	↓	22	↓
TOTAL DEP.		←	38	←	38	←
TOTAL CLAIMS			50		60	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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